REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

a. The Amendment/Reply filed on (date): CONCURRENTLY HEREWITH □ b. The Information Disclosure Statement (IDS) filed on (date): □ c. The arguments in the Brief/Reply Brief filed on (date): □ d. The page(s) of Form PTO-1449 and copy of each listed document filed (date): □ e. Other: □ 2. A month Petition for Extension of Time is filed herewith. □ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200. Ø 4. A check in the amount of \$810 is submitted herewith. □ 5. This Request is transmitted by facsimile to number (703) □ 6. Other: THE RCE FEE IS CALCULATED AS FOLLOWS: Basic Fee: \$810.00 Total Claims: - (highest number previously paid for) = X \$50 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) = X \$200 = Independent Claims: - (highest number previously paid for) =	 Please consider the following as the required submission under 37 C.F.R. §1.114: 									
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Customer Number 50% Reduction if Small Entity Status:	Customer Number 50% Reduction if Small Entity Status:									
Phone: 703-683-0500 Fax: 703-683-1080 Total: \$810.00									\$810.00	
Date: Name: Signature: Reg. No.	Date:				Name:			Signature:		
March 27, 2009 Benjamin E. Urcia M 33,805	March 27, 2009				Benjamin E. Urcia			33,805 (09Dec04		
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